

EXHIBIT F

ProNational Insurance Company
P. O. Box 150
Okemos, MI 48805-0150
(800) 292-1036 or (517) 349-6500



PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

David S Eingorn, M.D.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

This will confirm notice of the cancellation of your Claims-Made Professional Liability insurance coverage. In order to extend the period for reporting of claims, you must purchase an **Extended Reporting Endorsement (ERE)**. This Endorsement (see Professional Liability Coverage Part, Section VII) provides coverage against future claims, which may be filed against you due to services rendered prior to the cancellation date and subsequent to the retroactive date on your policy. Your failure to purchase this Extended Reporting Endorsement (ERE) by the date due will result in NO COVERAGE for any medical professional incidents, claims or suits not already reported to The Company as of the termination date of the above cited coverage.

If you wish to purchase this coverage, payment must be received by The Company within thirty (30) days following termination of the coverage (or thirty (30) days from the date of this letter, whichever is later). The Endorsement will be issued upon receipt of payment in full, including any outstanding balances due for the coverage to which this endorsement attaches.

This is your invoice and the only notice you will receive regarding this important coverage. If you do not remit payment as prescribed in this letter, your right to purchase this coverage will expire thirty (30) days following termination of the coverage (or thirty (30) days from the date of this letter, whichever is later). Please note that you have the option to purchase a Reporting Endorsement for the Limits of Liability and at the premium indicated below. Should you have questions, please feel free to contact me at one of the numbers listed above.

Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$78,502

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature _____

Date _____

12/31/03

ProNational Insurance Company
P. O. Box 150
Okemos, MI 48805-0150
(800) 292-1036 or (517) 349-6500



PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Edward J Ford, M.D.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$78,502

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature

Date

12/30/03

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PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Michael R Duch, M.D.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$74,577

✓ Yes, I wish to purchase.

_____ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature

Date _____

12/30/03

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PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Thomas K Bills, M.D.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$78,502

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature

Date

12/30/03

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PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Eric C Gokcen, M.D.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$66,726

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature

Date

11/30/03

ProNational Insurance Company
P. O. Box 150
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PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

John P Nolan, Jr., M.D.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$66,726

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature

Date

12/30/03

ProNational Insurance Company
P. O. Box 150
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PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Ching-Jen Wang, M.D.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

This will confirm notice of the cancellation of your Claims-Made Professional Liability insurance coverage. In order to extend the period for reporting of claims, you must purchase an **Extended Reporting Endorsement (ERE)**. This Endorsement (see Professional Liability Coverage Part, Section VII) provides coverage against future claims, which may be filed against you due to services rendered prior to the cancellation date and subsequent to the retroactive date on your policy. Your failure to purchase this Extended Reporting Endorsement (ERE) by the date due will result in NO COVERAGE for any medical professional incidents, claims or suits not already reported to The Company as of the termination date of the above cited coverage.

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$19,139

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature

Ching-Jen Wang
For Ching-Jen Wang
N.F.O.

Date

12/30/03

ProNational Insurance Company
P. O. Box 150
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PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Jeffrey Stephen Dina, P.A.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$3,087

☒ Yes, I wish to purchase.

_____ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature

CEO

Date

12/30/03

ProNational Insurance Company
P. O. Box 150
Okemos, MI 48805-0150
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PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION

October 30, 2003

Paul Villalon-Iglesias, P.A.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$1,996

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature  Date 12/30/03

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**PERSONAL & CONFIDENTIAL
IMPORTANT NOTICE REGARDING CANCELLATION**

October 30, 2003

Stephen Kwasniewski, P.A.
3120 Princeton Pike
Lawrenceville, NJ 08648

Re: MP41275

Reason: Claims Frequency

This will confirm notice of the cancellation of your Claims-Made Professional Liability insurance coverage. In order to extend the period for reporting of claims, you must purchase an **Extended Reporting Endorsement (ERE)**. This Endorsement (see Professional Liability Coverage Part, Section VII) provides coverage against future claims, which may be filed against you due to services rendered prior to the cancellation date and subsequent to the retroactive date on your policy. Your failure to purchase this Extended Reporting Endorsement (ERE) by the date due will result in NO COVERAGE for any medical professional incidents, claims or suits not already reported to The Company as of the termination date of the above cited coverage.

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Shelley Romig
Underwriting Department

Primary Limits of \$1,000,000/\$3,000,000 for premium of \$1,080

☒ Yes, I wish to purchase.

☐ I wish to purchase the extended reporting endorsement at the limits requested above and my check is enclosed.

Signature Stephen Kwasniewski Date 12/30/03